Use Code:		FS-2700-3f (10/09)
Authorization ID: FOREST SE Contact Name:	RVICE USE	OMB No. 0596-0082
Expiration Date:		
	& TEMPORARY PERMIT F ands Recreation Enhancemen	OR OUTFITTING AND GUIDING t Act. 16 U.S.C. 6802(h)
•	Ref.: FSH 2709.11, section 41.	
	PART I - APPLICATION	
1. APPLICANT INFORMATION		
Amaliaant Nama		
Applicant Name:		
Business Name:		
Applicant's Complete Address:		
Telephone Number:	Fax Number	:
E-mail Address:		
Website:		
As an applicant, are you:		
Individual	If yes, are you a citizen of	f the United States?
Corporation	If yes, provide a copy of	your state certificate of good standing.
Limited Liability Company	If yes, provide a copy of	your state certificate of good standing.
Partnership or Association	If yes, provide a copy of yagreement.	your partnership or association
State Government or Agency	agreement.	

Under the Regulatory Flexibility Act, a small entity is a firm that is "independently owned and operated" and "not dominant in its field of operation." The United States Small Business Administration has developed size standards to identify what is considered a small business. Under these standards, a business with annual receipts of less than \$6.5 million constitutes a small business for recreation industries. Additionally, a small organization is any nonprofit enterprise that is independently owned and operated and not dominant in its field. A small

(Includes state universities)

(Please attach a copy of your IRS Form 990)

(Includes high schools)

Local Government or Agency

Nonprofit

government jurisdiction is a government of a city, county, town, township, village, school district, or special district with a population of less than 50,000.
Under these criteria, are you a small entity?
2. DESCRIPTION OF PROPOSED ACTIVITY
Please include:
 The number of service days requested (or quota equivalent). The anticipated number of trips and party size. Trip Itinerary with:
 Starting and ending dates of the proposed operations. Location of routes and starting and ending points for the proposed operations (include a map showing these locations).
• Services that will be offered to clients (identify any services that will be provided by a party other than the holder).
 A description of your client base or audience. A list of government facilities you propose to use, e.g., a boat launch, parking lot, or trailhead. A list of temporary improvements or signs that you propose to use. A statement of whether the proposed operations involve motorized equipment. A statement of whether the proposed operations involve transportation livestock, and if so, whether grazing is requested.
 A statement of whether an assigned site is requested. A description of cleanup and restoration during and after the proposed operations.
3. ADVERTISING. Provide a current brochure and current advertising materials or website address.
4. CLIENT CHARGES. Provide a description of client charges and fees and what they cover. Attach a curren rate sheet.
 5. GUIDE IDENTIFICATION Attach a list of all guides who would be working under the permit. Describe your requirements for employment and staff training programs. Attach copies of current CPR and First Aid certifications, Wilderness First Responder cards, and other applicable certifications for guides. Please do not send copies of social security cards or passports. Send driver's licenses only if driving is part of the outfitting and guiding service. If the state in which your activity would occur requires licensing for outfitters and guides, include a copy of relevant licenses.
6. OPERATING PLAN. Attach an operating plan that addresses client and visitor safety, evacuation and emergency procedures, and resource protection with respect to your proposed operations and location.
7. LIABILITY INSURANCE. The holder will be required to obtain liability insurance in an amount satisfactory to the authorized officer (see FSM 2713.1). The insurance policy must name the United States as a additional insured. A copy of the certificate of insurance must be provided to the authorized officer prior to issuance of a permit.
8. CLIENT'S ACKNOWLEDGMENT OF RISK FORM. If you plan to use an acknowledgment of risk form, attach a copy.

9. EXPERIENCE. List all permits for held in the past 3 years. If you received are relying on outfitting and guiding ex	a performance evaluation from	the Forest Service, attach a copy. If you	ı
have held with those agencies in the past List all citations or violations received i		any performance evaluations received. d guiding activities.	
		thorized to do business in the State or	- r
Commonwealth of I have pand certify that this information is coan application only, and that the use until a special use permit is signed an	orrect to the best of my knowle and occupancy of National Fo	edge. I hereby acknowledge that this is rest System lands is not authorized	S
Printed Name:	Signature:	Date:	_
•	inless it displays a valid OMB control 2. The time required to complete the ine time for reviewing instructions, s	searching existing data sources, gathering	
color, national origin, age, disability, and w sexual orientation, genetic information, po	where applicable, sex, marital statu plitical beliefs, reprisal, or because Il prohibited bases apply to all prog rogram information (Braille, large p	all or part of an individual's income is grams.) Persons with disabilities who requin	
To file a complaint of discrimination, write Washington, DC 20250-9410 or call toll fre the Federal relay at (800) 877-8339 (TDD) employer.	e (866) 632-9992 (voice). TDD user	rs can contact USDA through local relay or	
The Privacy Act of 1974 (5 U.S.C. 552a) and be provided for information received by the	·	5 U.S.C. 552) govern the confidentiality to	